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ON THE TREATMENT OF VARICOSE VEINS BY THE NEEDLE AND TWISTED SUTURE.

BY T. B. PEACOCK, ESQ., EDINBURGH.

CONSIDERABLE doubt prevailing in the minds of many practitioners as to the safety and efficiency of the plan of treating varicose veins by the needle and twisted suture, I beg to offer the following remarks on the results of its application in cases which have fallen under my notice.

I was first led to make trial of this plan from reading the report of a case by Mr. Melvin, in the No. of the London Medical Gazette for July 7th, 1838, and I have since applied it myself, or seen it made use of by the surgeons to the Chester Infirmary, in at least thirty cases, of several of the most important of which I have retained notes. The plan adopted has been that recommended in the paper referred to, of passing a common curved suture needle under the vein, constricting it with a thread in the figure-of-8 form, and having turned the needle on its side, retaining it there by straps of adhesive plaster: at the end of two or three days, the ligature, if only moderately tightened at first, will require to have a fresh one passed over it; and in two or three more the needle may be removed. Several different methods have been proposed for effecting the obliteration of the vein by the needle; but this, which was originally introduced by Velpeau, as being the most simple, is that which I have always adopted. The length of time which it will be necessary for the needle to remain will depend on whether it is intended simply to excite suppuration, or to ulcerate out; the last being the course which I have usually followed, as in one or two instances, in which the needle was withdrawn after exciting suppuration, the obliteration of the vein was found not to have been effected. This plan has, however, been objected to as leaving a sore difficult to heal afterwards; but in only one instance have I seen it attended by any such result. For the needle to ulcerate its way out, the time usually required will be from a week to ten days; but it will vary greatly according to the state of the part in which it is applied: in the immediate neighborhood of an ulcer, where the skin is thin and inflamed, a day or two will often suffice to commence the ulcerative action, and three or four for the needle to escape; while, when inserted some distance from the seat of disease, and beneath sound integument, the process will require ten days, a fortnight, or even longer. Thus, in a case lately under my charge, where the needle was inserted beneath a tender sinus on the instep, leading to a small ulcer about an inch above, it ulcerated

out in three days: while at the same time, in another case, a needle was placed under each saphena, and one beneath the common vein, at their point of union; the needle on the anterior branch was not removed till the twelfth day, and the other two not till the nineteenth. I have since seen two instances in which the needles were retained till the end of the third week. Generally speaking, when inserted over a bone, they excite ulceration more rapidly than when upon soft parts; and I am inclined to think that, in the last situation, they are more apt to give rise to an undue degree of inflammation; at least, in the only two cases in which their application was followed by troublesome abscesses, they had been inserted beneath sinuses in the calf of the leg. Considerable pain is sometimes excited by the operation, but it usually soon subsides; and I have not, in any instance, known tenderness to extend in the course of the vein above two or three inches from the point of constriction; and in none has it resisted ordinary treatment: indeed, in no instance which I have seen have any serious symptoms resulted from the operation.

The cases in which I have found this treatment applied have been in small irritable sores remaining after the bursting of large varicose sinuses, inveterate ulcers connected with a generally enlarged condition of the veins of the limb, and œdema of the leg and ankle, either simple or attended with a serous discharge from the skin; and in all of the cases but two in which I have seen it had recourse to, the results have been most satisfactory; and in these, as only one needle was inserted, and other sinuses were left unobliterated, success was hardly to be expected. The number of needles which I have generally seen inserted has been three or four in each limb, but, in some instances, five or six have been applied; the rule adopted having been generally to insert in a case of varicose ulcer one under each enlarged vein an inch or so below the ulcer, and again on each trunk a few inches above it, selecting for the points of their insertion the largest sinuses. Sometimes I have adopted the plan mentioned by Mr. Dodd, of placing on each vein two needles an inch or an inch and a half apart, so as to effect adhesion of the sides of the intervening tract; and in these cases the main trunk will, after the cure is effected, be often found contracted to a firm cord up to the point at which the next large vein communicates with it; while, where a single needle only is inserted, the portion of the sinuses around is often not affected by the operation.

The effect produced on the sore by the obstruction to the course of the large veins in connection with it, is often most rapid; the inflamed margin gradually subsides, the edges become depressed, granulations spring up, and cicatrization quickly proceeds; and sores which have been liable to bleed entirely lose that tendency, the granulations becoming firm. I have, however, observed what has been noticed before by Mr. Dodd, that the healing process was not equally rapid throughout, the good effect produced by the needles sometimes gradually subsiding, and considerable difficulty being experienced in obtaining the entire healing of the sore.

In this way ulcers which had long been under treatment, without deriving any advantage, have, in several instances, been cured, and others which were found to return as soon as the patient resumed his work, have,

by the aid of a laced stocking, been kept healed; indeed, not only does it appear to be a rapid method of effecting the cure of these cases, but I am inclined to regard it as also a more permanent one. The first case in which I made trial of the practice was one of œdema of both legs, attended with excoriation of the skin, and a fœtid discharge, connected with a very varicose state of the large veins. The man, by trade a rope-maker, had been repeatedly under treatment before with very partial benefit; and no sooner did he resume work than the disease returned. On this occasion he had been subjected to the ordinary treatment during a month that he had resided in the Infirmary, but with little or no advantage. Under these circumstances, as the case seemed to offer a fair opportunity for treatment with the needles, three were inserted beneath large sinuses in one leg, which was nearly well before the same plan was adopted in the other. He was discharged, entirely cured, on needles being introduced in the other limb, in six weeks from the commencement of the treatment. Two years have now elapsed, and he continues perfectly free from any return of his complaint.—Of two men one had suffered from varicose ulcers on both legs for nine years, the other for five; and both had been several times under treatment in neighboring infirmaries, but no sooner did they return to their work, that of cotton-spinning, than the ulcers again broke out. Seven needles were inserted in the legs of one, and three in the other; and both were cured, one in seven, the other in three weeks, and continued so for at least four months, during which I had an opportunity of noticing them. Indeed the absence of any pain, swelling, or weakness in the limbs, which they said, as healed before, they had always found to continue, and the sound appearance of the cicatrices, afforded a fair prospect of permanent cures having been effected. The state of the limb afterwards, and the pale, healthy-looking cicatrices, form a great contrast between cases treated by this and by the ordinary methods. —I had a case recently under my charge, in which an ulcer, fully the size of the palm of the hand, was entirely cured in little more than a month, and this notwithstanding that copious suppuration was excited by the needles in the cellular membrane of the calf of the leg. This patient had previously been subjected to treatment for four months with every advantage of circumstances for the cure of a sore in the same situation; and the case was further interesting as being attended by severe pain in the sole of the foot—an occurrence which was met with in one of Mr. Dodd's patients—and having been an old man of 70; while Bonnet, in an essay on this subject published in Paris, has stated that the operation will not be successful after the age of 60, in consequence of the indisposition of the blood to coagulate, and that it should not be attempted. I heard of the man several months after his discharge; he was following his work, and his limb continued sound. I regret that, in consequence of most of the patients on whom the plan was tried in the Infirmary residing at a distance, I am not able to speak of them after they left the Institution.

The above remarks were written more than twelve months ago. I have now nothing further to add than that additional experience fully confirms the opinion expressed of the safety and rapidity of the cure of disease dependent on varicose veins, by the plan referred to, and I have

reason to regard it as also a permanent one, care being of course taken to support the limb by a laced stocking or bandage, as otherwise the same cause which first gave rise to the varicose condition of the veins will lead to the dilatation of fresh ones.—*Lon. Med. Gazette.*

MALIGNANT SCARLET FEVER IN LONDON.

BY THOMAS LITCHFEILD.

I NEED not point out to my professional brethren the peculiarly contagious nature of scarlatina maligna; for, unfortunately, it is too well known when it assumes a typhoid character, and enters the abodes of the poor. Yet after many years' fair experience, I have never witnessed it to assume so many protean changes, or have so malignant and ultra-contagious a form as lately, and owing to which its ravages have been most alarming. In too many instances twenty-four hours have sufficed to destroy the patient; some have fallen victims in two days; and cases have unhappily presented themselves, where the *extreme malignity* of the poisonous influence has prevailed so far as to produce comatose symptoms, followed by convulsions of the most alarming character, ending very shortly in death. Within an hour or so after the headache and sickness comes on, the latter symptoms appear; the evening, perhaps, ushering them in, and the morning closing the scene. All these assaults have fallen on the young; and where medical resources and other means are too often crippled by the difficulty, not alone in contending with a terrible malady, but with such childish patients.

One of the most alarming forms of this disease has shown itself thus: Within six or eight hours after the primary symptoms, the efflorescence has appeared *all over the body*, assuming a darker hue than usual (especially around the throat), and leaving the countenance pallid and ghastly. Within a short space the throat swells so rapidly, as to produce convulsive efforts to swallow, and soon after the patient is suffocated.

Again, when the eruption has been trivial, and the first attack slight, œdematous symptoms have shown themselves with alarming dyspnœa, when, spite of every effort (for a few hours alone have in such cases been the usual period allowed for the resources of art), effusion has taken place so rapidly into the thoracic and abdominal cavities as to destroy vitality. One instance of each case may answer for all.

I was sent for to a fine boy of about five years old, and found him laboring under the comatose state, and directed as well as watched the treatment I had ordered, and left him somewhat better. It was about six in the evening when I saw him, and before daylight he was dead.

The next case was that of a child, of about the same age. His symptoms at first were but trivial, and he was advancing (apparently) towards convalescence. On the fourth night the father came hurriedly, requesting my attendance. He said the boy had eaten a hearty dinner, and appeared in health about two o'clock, but was afraid he was not so well from it. I found the poor little fellow laboring for breath, with œdematous limbs and face, and intermitting quick pulse; in fact, evidently sinking, and merely

struggling for breath. He was a corpse the next morning. This child I examined, and found the lungs, heart and abdominal viscera overwhelmed by serous effusion; the cellular tissue simply œdematous. All this had been unperceived the morning before the night of the attack and its fatal catastrophe.

Many cases of effusion have not been followed by such fatal terminations; in such, convalescence has taken place when time has been permitted for artificial resources, the *œdematous* puffiness becoming *anasarcous*, and the fluid diffused. In some instances the limbs have swollen considerably, as well as the scrotum; and in two instances I let off the serous accumulations by acupuncturation, keeping up the remaining stamina by stimuli, with good beef-tea, and other light but nutritious diet. In the majority of cases, however, the assailing power was so strong, as to place at defiance every resource that art could command.

One poor but respectable man lost all his three children, each case varying, as I have mentioned; the elder child having the sudden, dark-red efflorescence, and livid face; the infant sinking from swollen glands, producing suffocating inanition; and the other one dying two days since (after an apparent rally), from the rapid effusion on the organs of vitality.

In conclusion permit me to add, that I have witnessed nothing equal to the fearful character of this pestilence, and which, I am sorry to say, has arisen, as all these evils do, from the haunts of the poorer classes, where cleanliness is little known, and where irregular and bad diet is too often found. I have given but a faint outline of this visitation, and which, I have but little doubt, has been witnessed, *or will be witnessed*, elsewhere. —*London Lancet.*

November 8, 1841.

SETON AND TENTS OF SLIPPERY ELM BARK, IN RECENT COMPOUND FRACTURE OF THE TIBIA.

BY WM. WATERS, M.D.

On the 25th of May, 1840, William Lemmon, in the employ of the "Rail-road Company," had both legs severely fractured by the burthen cars running off the track between this place and Monocacy bridge. His legs were caught between the locomotive and the tender, and he was thrown entirely over the engine, from whence he was brought to town. The right leg was so severely crushed, and the main vessels were so much injured, as to require immediate amputation—in which I was assisted by Dr. Ritchie and Mr. B. E. Hughes, one of my students, and Dr. Wm. B. Tyler joined us while under way. The left leg was not so seriously injured. The fracture was compound and oblique of the tibia near the ankle. The upper shaft of the tibia projected through the integuments above, which were divided entirely across the front of the tibia. The fibula was simply fractured, but all the soft parts much contused above the ankle. The sharp projecting point of the tibia was sawed off for about three quarters of an inch. Previously to placing his limb in a temporary fracture box, Dr. Albert Ritchie suggested that the same principle we

adopted in the elliptical and vertical flap, or "the American Method" of the late Professor Davidge, in the amputation of the right leg, should be carried out in the left, or merely a depending point given to the wound for the escape of pus. For that purpose, with a long and narrow seton needle we passed a seton between the tibia and fibula on the outside, or fibula side of the tibia, and perforated the integuments to the left side of the tendo-Achillis. This was readily accomplished, as the integuments below were the only parts to perforate. The ends of the seton were tied loosely on the outside of the limb. The seton gave a depending point for the escape of matter about the vicinity of the fracture; prevented the accumulation of pus or sinuses, which might involve the ligaments of the ankle joint, and lessen the adhesions of the sheaths of the tendons; thereby saving the system much local irritation and guarding against anchylosis. The leg was laid in a fracture box with linseed poultices over the exposed tibia, and to the seton below, which were repeated twice a day. The fracture box was soon laid aside, for the fracture case of Prof. N. R. Smith, which added much to the comfort of the patient in the dressings of the limb. The limb was flexed, suspended and elevated, by an extra piece of canvass three inches wide, fastened to the frame on one side (the wound could be cleansed and poultices renewed without any disturbance of the fracture); the poultices were supported below by fastening the other end of the canvass to the opposite side of the frame. The poultices were continued until the exposed tibia was covered with granulations, when the seton was withdrawn and a tent of slippery elm bark about one and a half inch long, softened in warm water, was passed up the track of the seton from below. The tent was dressed with a small poultice, and the wound above with lint and cerate, until the wound ceased to discharge, when the tent was omitted about the 15th of July. By the 2d of August, I found the callus somewhat firm, and applied the "Immovable Apparatus," leaving room for the exercise of the ankle-joint. This step was preparatory for the departure of my patient home in Baltimore county. I enforced the necessity of flexion and extension of the foot daily. In regard to the medical treatment, little was required. His fever was high on the 26th of May; when the lancet was used, and sulphate of magnesia prescribed, the fever yielded promptly. An occasional aperient was given; a few doses of Dover's powder to allay pain of the stump, which united very speedily. A free use of acid drinks, as the weather was warm, was indulged in. I have been credibly informed that he has perfect use of his ankle, which I doubt would have been the case if an outlet had not been kept up for the exit of pus. In this case the contusion and division of the soft parts would have led us to anticipate extensive suppuration, which under ordinary treatment would probably have required counter openings to evacuate pus. In compound fractures of the worst form, accompanied with much contusion and division of the soft parts on the front of the inferior limbs, would not a seton or tent be preferable to the ordinary process of dossils of lint and counter openings?—*Maryland Med. and Surg. Jour.*

CURSORY OBSERVATIONS ON SOME CEREBRAL AFFECTIONS OF CHILDREN.

BY H. M. HUGHES, M.D.

THE principal object of this paper (in Guy's Hospital Reports), is to state shortly some of the difficulties attendant on the treatment of the cerebral diseases of children; especially as regards the diagnosis between infantile fever or, as Dr. Hughes prefers to call it, "irritative fever of children," and hydrocephalus; and between the latter complaint and the hydrencephaloid affection described by Dr. Marshall Hall.

Of the close alliance between infantile fever and hydrocephalus, and of the difficulties which not unfrequently prevent our coming to a decided opinion on the nature of the case, in the early stage at least, every practical man must, we should have thought, have been aware, had not a late writer, quoted by Dr. Hughes, asserted "that the two diseases can scarcely be confounded." Dr. Hughes thinks that in many of those cases in which hydrocephalus appears to supervene on irritative fever, the progress of the case has been really such as it appears to have been, and that complication does not always exist from the commencement of the malady, an opinion in which we agree. Nor, we may add, is hydrocephalus the only disease which may be thus excited by infantile fever. In the same way, tubercular disease in the lungs and bronchial glands of children may be developed, if it do not actually originate during the progress of infantile fever; the tubercles, if previously existing, of which there is often no evidence, being at all events in a latent state, and thus the disease which begins as infantile fever may end as pulmonary consumption. The following are the symptoms by which Dr. Hughes thinks we may generally distinguish between hydrocephalus and simple irritative fever:

"In the first stage of acute hydrocephalus, there generally exist some intolerance of light and sound, contracted pupils, and wakefulness by night and by day; while in remittent fever the patient, though restless at night, often sleeps soundly and comfortably during the day; the pupils are rather dilated, and light and sound are not complained of. The pain of the head in the latter affection is rather a general uneasiness, giving the child an expression of heaviness and languor, and, like the febrile symptoms themselves, is distinctly remittent; in the former it is almost always referred to the forehead, and though increased in severe paroxysms, is constant. The child suffering from acute hydrocephalus lays its head on the pillow, with closed eyes, and appears unwilling to be moved, questioned, or noticed, unconsciously moves its hands up to or over its head, and often screams and starts from severe accessions of pain, while its arms or legs are affected with slight spasmodic twitchings. That affected with remittent fever, on the other hand, is usually easily and not unwillingly roused, and though fractious and petulant, has not violent fits of screaming, moves its head without inconvenience, and while awake is almost always occupied in picking its lips or nose. The bowels are sometimes constipated in both complaints; but they are more easily moved, and when moved are more easily kept in a relaxed condition, and the motions

are more slimy, fetid, and dark colored, in the simply febrile than in the inflammatory complaint. The pulse also, which in the fever is almost sharp and frequent, is in the more grave affection often sluggish, tardy and irregular."

In the above enumeration, Dr. Hughes has omitted to notice vomiting. This symptom, though not unfrequently present in simple infantile fever, is less constant and less urgent in that disease than in the first stage of hydrocephalus. In acute hydrocephalus vomiting is one of the most frequently present of the early symptoms, and though it may last only for one day or even less, it is generally very urgent whilst it lasts, everything being rejected which the child swallows. When this symptom is present, with a belly flaccid and free from tenderness on pressure, it is, we think, one of the most characteristic that can be mentioned of incipient hydrocephalus.—*Brit. and Foreign Med. Review.*

CHEMISTRY AND MEDICINE.

[FURTHER extracts were promised, a week or two since, from Professor Draper's Introductory Lecture at the University of New York. A few unconnected paragraphs are given below.]

Let us, then, examine what are the relations of chemistry to medicine—what the character of the facts it furnishes the student—what the influence it exerts upon his professional education. Let us try to ascertain its actual practical importance. All knowledge is of course good in itself. But with us time presses, the scenes of active life are just before us, in a few months we mingle with them; there is no opportunity to dwell on anything, except what appertains to the matter in hand. But, what if we find that these studies are intimately connected with the object we pursue, and are deeply concerned in our future professional eminence; what if we find that they are interwoven with the very elements from which we ought to begin? Hereafter it will delight us, that we have not to bewail the opportunities of acquiring knowledge omitted; that we have not to sympathize in those sorrows, for the want of philosophy, in which the gude wife of Ladlemouth, celebrated of late by Frazer, had to indulge, who weighed a pound of butter to Davie Fisher, with a two pound pair of tongs, putting in one leg and letting the other hang out of the scale. In addressing ourselves, therefore, to this task, let us come forward with pleasant expectations and a good will. With students of medicine, whatever is done must be done voluntarily; and all the learning we procure, must be with cheerfulness. And yet some of us still look back with pleasure on those early times, when we first came to drink at the fountain of knowledge. The grim aspect of the village schoolmaster, who improved on the scripture maxim of fastening knowledge like a nail in a sure place—he drove it in at the head, and clenched it with repeated strokes of his rattan or rod, at the other end.

If to men, occupied with the ordinary pursuits of life alone, a knowledge of the phenomena of nature is of constant value, to us whose special office it is to control those phenomena, and to subdue the forces of the

world to our own use, nothing can be of more paramount importance. The agents that build up these bodily structures, set in action and keep in operation their functions, are constantly antagonized by the external forces of nature, and so long as an equilibrium can be maintained life continues. It is not alone spontaneously, and from innate causes, that diseases supervene. Most of the calamities with which we have to deal, take their origin in conditions and circumstances that are extrinsic to ourselves. What king goes to war, without first sitting down and counting the strength and advantages of the king that is to oppose him? In private life, who adventures on a doubtful undertaking, until he has fairly estimated the obstacles he has to overcome?

The modes of thought of a physician differ from those of other men. We are taught to regard the animal frame as an intricate and finished machine. The very practice of our profession daily assures us that all the forces of external nature exert a control over it. There is no change of temperature, no alteration of locality, no variation of circumstance, that does not leave upon it some characteristic and corresponding impression. Some deleterious change takes place in the atmosphere, and we see a pestilential cholera sweep over the earth. There are diseases due to the sea, diseases due to the air, diseases due to the soil. The night airs are the harbingers of desolation, the sun-rays are full of death. Turn where we will, the hand of everything around us is against us. And shall we, then, neglect to know what is the name and the nature of these enemies, or how we may best encounter their reactions, or turn aside their power? * * * * * * *

To teach you some of these laws is my duty. And where the subject is so vast, and the powers of the teacher so small, you will not expect a fair or a complete view. I cannot tell you of the multiplied interworkings of those laws, which bring the world into the condition we see. I cannot picture before you the wild scenery, the changes it has undergone. I cannot show you the springs of life, nor spread before you the machinery that brings it to a close. There is no rock that has not been the witness of the mortal agony of living things; there is no grain of dust that has not been alive. I have not that enchanter's wand that calls into existence birds, and fishes, and beasts. I have not those black-letter books which reveal the constitution of the material world. But then I can point you to Nature, and tell you how atom and atom conflict, and how one law springs out of another, though I cannot trace their commencement or their consequences, and you will see that they are beautiful, and believe that they are true.

This, I say, is the proper mode by which we should study medicine. I would have you regard yourselves in the light of engineers; your duty is to repair a broken machine. First of all, then, learn its construction; obtain clear and distinct views of the connection of its several parts, and the precise mode of action of each. By the indiscriminate use of medicaments, or by resorting to active processes, you may sometimes succeed in breaking up forms of disease, as a watch that has stopped may be made to go again by the rude jolting and shaking of an ignorant man. But to find out the cause of its derangement, to reinstate it fairly, and

without damage to its former integrity, requires one who knows its springs and wheels, their reciprocal action on each other, and the end they are to accomplish. Read in the histories of medicine, and is there for any disease a form of practice that has not been tried? Where is the plant, where is the mineral, that has not had its turn? Look through our works on the art of healing of the last three centuries, and mark their uncertainties, their contradictions, the entire diversities of opinion; are they not an imperishable record of the greatness of human credulity, and the littleness of human knowledge? Or survey the forms of practice which obtain in distant parts of this country, familiar to some of you and me. The doctor throws over his horse the long-accustomed saddle-bags, richly freighted with calomel, and rhubarb, and opium—a heroic practitioner—he goes forth to discharge his errand of mercy, and often prescribes intuitively, without the shallow form of asking questions. But then he lives in a region where bilious fever is the name of every febrile commotion, and where hereditary rules, long ago handed down from established authorities, have brought the practice of physic into a form adapted to the *feeblest* capacities, and given for all diseases one grand specific, "which will arouse the recuperative forces, and break up trains of morbid associations, and shake the gall-bladder" with a vengeance.

Dean Swift used to say that he had cured a nobleman of an inveterate cough, the paroxysms of which came on when an easterly wind blew, by nailing the weathercock that was opposite to his windows, so that it pointed permanently to the south. The sarcasm of that cynical churchman is at once a rebuke and an example to us. It may teach us how little reliance can be placed on written rules in the restoration of an intricate machine; and a little investigation will often satisfy us, that instead of blisters and bleeding, these nails in the weathercocks will answer much better. *****

It is the admitted province of the physician to relieve those that suffer, and put aside the approaches of death. From these things arises the intrinsic nobleness of his profession. We judge of the power of any force, by the magnitude of the results it produces, and we may well judge of the character and quality of the forces he has to contend with, by the phenomena we see. A little while ago, I said there was not a grain of dust that had not been alive. This indeed is no metaphor. Well might Cuvier say, "I look upon this world as a great charnel-house." From the opal, that throws its ever-changing rainbow tints, to the Jura and Alpine ranges—mountains that form the boundaries of empires, and have been landmarks in all time—these are all made up of the exuviæ, the remains of things that have had life; either the bones of great animals, or shells, or fossil animalcules. In each single grain of tripoli, which is found in beds and strata many feet thick, and extending over areas of many miles, it is known that there are the remains of more than a hundred and eighty millions of individuals. What then is their aggregate? You cannot take up a little fragment of common chalk, in which thousands upon thousands of these beings are not found; and yet this chalk not only bounds the coasts of England, but stretches away across France, and re-appears in Poland—Poland! the country to which God must at last give freedom. It is found in Central Africa, and once formed the

cliffs of that ancient sea whose bed is now marked by the sands of the great desart of Sahara; it extends through the countries of Abyssinia, and, re-appearing in Arabia, is lost in the unknown and barbarous kingdoms of Asia. But why should I carry you thus over the world, to witness the effects of exterior agents in the destruction of life? There is not a spot on which you place your feet, that does not cover the remains of unspeakable millions. Strata, thousands of feet thick, are made up of the bones of the great ones, cemented, as it were, together by the exuviæ of those that are microscopic. And yet, all these once saw the morning sun come forth with gladness. Nor is it individual life that has alone suffered. Whole species, and tribes, and genera, have disappeared. With hundreds of others, the mastodon has gone, the icthyosaurus, and the gigantic lizard, iguanodon. The very air which you breathe, the emblem of purity, comes from the respiration and putrefaction of beings that have lived before you, and are dead. The coal-fields that furnish you with fuel, are the remains of primeval forests, among the branches of which, birds nestled at night. The very carcasses of the dead have changed the figure and form of the face of the earth; they have raised the bed of the seas, and thrown the waters on dry land; and, with those changes, have come changes in the tribes that inhabit it. There has been an age of fishes, and an age of reptiles, as well as an age of quadrupeds, and an age of man.

DR. FORBES'S LETTER.

[Last week there was a necessity for omitting this certificate of the truth of Dr. Carpenter's declaration in regard to the review of Dr. Paine's Commentaries. As its omission has caused some dissatisfaction, which is as much regretted as it was unexpected, it is now given in full.]

From Dr. Forbes, *Editor of the British and Foreign Medical Review, to* Dr. W. B. Carpenter.

Dear Carpenter,—As I think it would be a piece of silliness, only second to that of writing and publishing the "Examination," to attempt any detailed or serious reply to Dr. Paine's wordy reclamation, or any justification of the article in the Review to which it refers—I shall take no notice whatever of his attack, further than relates to the charge of plagiarism. *This is true*, so far as the writer of the review on Hunter is concerned, but *false* as concerns *you*—since you did not write that review. This I am ready to state to all persons, at all times, as the truth, without any reservation or equivocation. The conduct of the writer of that review, in palming upon the Editor a portion of the writings of another for his own—if really done intentionally and with a view to deceive (I would fain hope that the fact may admit of some other interpretation), cannot be sufficiently reprobated. Although, as being the first specimen I had had of this person's writing (and, with one trifling exception, the only one I have ever had), I might be forgiven for not suspecting the authenticity of the surreptitious passages, I take shame to myself for being

so little acquainted with the eloquent writings of Dr. Channing, as not to detect the theft before the MS. left my hands for the press.

Perhaps when Dr. Paine discovers that he is mistaken in the affiliation of this portion of the Review, he may feel somewhat less confident of the evidence by which he thinks he has traced the authorship of other articles in it to you. I certainly shall not gratify his curiosity on this point, by either affirming or denying the accuracy of his conclusions; and I do not see any reason why you should.

It is singular that Dr. Paine should have been so ignorant of the ordinary mode of conducting a Review, as not to know that the reference from one article to another is no proof whatever of the identity of the authorship of the two—even when this reference is made by the writer of the latter article. But, most commonly, such references are made by the Editor, without any communication with the original writer, in the exercise of the privileges inherent in the office of the great editorial WE.

In looking at the vast accumulation of words in Dr. Paine's pamphlet, I confess that I feel regret that the review of his book (just and accurate as I still hold it to be) was not more favorable; as it is melancholy to think that so much time and pains should have been stolen from tasks of usefulness, and expended in elaborating a work, which, of course, no human being will read, except the author himself, perhaps the writer of the inculpated article, and, alas, the Editor the Review.

It is lamentable to see how this mortification of Dr. Paine's self-love has clouded his judgment throughout the whole composition of his pamphlet; and this obfuscation is nowhere more conspicuous, than where he attempts to convict you of plagiarizing in your "Principles of Physiology," from Dr. Channing. The very examples he adduces confute the charge. Believe me, dear Carpenter, to be most truly yours,

Old Burlington street, Nov. 15, 1841. JOHN FORBES.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 12, 1842.

PATHOLOGY OF DRUNKENNESS.

If ever an age was characterized by philanthropy in regard to those who are suffering from the evils of intemperance, surely it must be the one in which we have the happiness to live. Men of all professions of faith, and of all orders of talent, throughout the civilized world, admirably concur in the opinion that a great moral revolution must be brought about. Drunkenness, in all its forms, from the palace to the Indian's wigwam, has spread its fearful ravages through every land, and vice, crime and death follow in its train. The present general movement of good men to stay the awful plague, will be regarded, in after times, as an extraordinary epoch in the history of our race.

Much as we deplore the sin of intemperance, we have sometimes felt

weary in trying to keep pace with the publications which are extensively circulated, both to alarm the inebriate and to urge reformers to labor in the good cause with undiminished ardor, since heaven blesses those who ask for blessings on a penitent. Some one has politely sent us an extra Examiner, from Albany, containing a letter to E. C. Delavan, Esq., by Thomas Sewall, M.D., on the "*Pathology of Drunkenness, or the effects of Alcoholic Drinks, with Drawings of the Drunkard's Stomach,*" accompanied by four plates, beautifully executed on stone, and colored, of the natural size. No anatomical work, within our recollection, presents more exact representations of that organ. The bloodvessels exhibited on the inflamed mucous coat, really look as though they would bleed if roughly handled. The excellency of this illustrated letter consists in the fact that any one can understand it. Although strictly scientific, it is essentially the thing wanted, because it speaks plainly, yet positively, to the drunkard. With his own eyes he may examine the very appearance of his own burnt stomach, and if he should not be either reformed or alarmed by a fac simile, the letter by Dr. Sewall must awaken his sensibilities if he has one remaining spark of consciousness.

Circumstances at present debar us from making extracts from a work which meets our warmest approbation. It should reach every hamlet in the Union—and physicians should unhesitatingly aid in carrying on a work in which all well-wishers to the human family are engaged. Dr. Sewall treats the subject properly; there is neither a display of temper nor ill-will towards the drunkard; nor is there a mawkish sensibility discoverable in his remarks. Take it all in all, he has certainly contributed important aid to the cause of temperance, for which we, in common with the friends of humanity, tender our thanks. The letter, with its splendid plates, is really the commencement of a new effort, which we pray that our medical brethren may enlarge upon and carry forward to their utmost ability.

Surgeon-General's Report.—The acting Surgeon-General, H. L. Heiskell, at the city of Washington, will please accept our thanks for the important and interesting statistical document which he had the kindness to send the last week. Although it has been perused with satisfaction, it is quite inconvenient to republish the tabular sheet, which is the best one we ever remember of having seen, both in point of scientific arrangement and perspicuity. It is creditable to the nation that the army surgeons are among the most accomplished medical gentlemen in the country. So high are the requisitions, that no second-rate man can possibly obtain admission into the medical staff, and hence the medical department of the army really embraces not only a high order of talents, but individuals of very polished manners and thorough literary and professional attainments.—We have room but for one extract.

"The number of cases of sickness which have been under treatment by the medical officers of the Army, and private physicians employed in the service of the United States, during the year ending the 30th of September, was 38,559; 37,499 of which occurred within the year, 1,060 being cases that remained the preceding year.

"Of the whole number of persons reported sick, 36,374 have been restored to duty; 320 have been discharged the service; 30 have deserted; and 387 have died.

"From the Quarterly Reports made to this office by the medical officers,

the mean strength of the army for the last year is estimated at 9,748; and as the number reported sick during this period was 38,559, it will appear that the proportion of cases to the number of men in service, was nearly as 4 to 1, or 396 per cent. The aggregate of deaths was 387, exhibiting a ratio of mortality to the number of men of 1 to 25$\frac{1}{5}$, or nearly 4 per cent., and the proportion of deaths to the number of cases treated of 1 to 99$\frac{3}{5}$, or a fraction over 1 per cent.

Besides the diseases incident to the climate and the service in Florida, the epidemic fever, which has proved so fatal at the South during the past season, has also prevailed among the troops serving in that Territory. The average strength of the army in Florida during the year, being about 4,738, the number of cases of sickness amounted to 21,027, exhibiting a proportion of cases to the number of officers and men of nearly 4$\frac{1}{2}$ to 1, or 443 per cent. The deaths being 254, presents a ratio of mortality to the number of men of 1 to 18$\frac{2}{3}$, or 5$\frac{1}{4}$ per cent.; and the proportion of deaths to the number of cases treated, of 1 to 82$\frac{3}{4}$, or 1$\frac{1}{5}$ per cent.

"*Lectures to Ladies on Anatomy and Physiology*," *by Mary S. Gove.*—These lectures have been delivered in Boston, New York, Philadelphia, and many other places in this country, and we believe the classes that have attended them have always been convinced of their utility. Mrs. G. has occasionally been brought in contact with the strong holds of prejudice and opposition, but we believe she has uniformly grappled with them successfully. She has an invincible thirst for useful knowledge, and has devoted several years to the study of the various subjects embraced in her course of lectures; and in presenting her work to the public, she is impelled, we doubt not, by a sincere desire to enlighten and benefit her sex in regard to the important practical matters presented for their consideration. Her style of writing is of the Doric order—remarkable for plainness and strength. Mrs. G. has the countenance of many of our most respectable physicians in the enterprise she has undertaken, and her book will be published under the supervision of one of the most accurate scholars and eminent men in the profession; and we hazard the prediction that it will merit and receive a wide circulation through the country.

Insanity and Insane Asylums.—A pamphlet of forty pages has been written by Dr. Edward Jarvis, of Louisville, Ky., on these subjects—principally a re-print from the Western Medical Journal. The author is a Massachusetts man, with whom we are well acquainted. His industry and talents were always devoted to the cause of humanity and science. If he should ever make a departure from the path he has so long and so honorably travelled, those who have associated him with every movement calculated to increase the amount of human happiness, would at once consider him insane. Both the plea and the argument in favor of the lunatics in Kentucky, are cogent. The pamphlet, although intended for a local effect, is nevertheless fitted to all meridians where insanity exists.

Smallpox.—In one of the New York papers mention is made of the extensive prevalence of smallpox in that city, which is represented to be on the increase. Several medical students attending the lectures there have taken the disease. At Philadelphia it is also exceedingly rife. In the

Sandwich Islands the destruction made by the smallpox amongst the native inhabitants, was very alarming at the last advices. Vaccine virus was sent there, from Boston, in October, and hopes are entertained that the dreadful malady will be arrested by it. Only a few cases have occurred in Boston the present winter. The vigilant system of vaccination pursued here, secures the citizens; and the little that has occurred of late, has been in the persons of strangers, arriving here on business, who had not been vaccinated properly.

Mortality in 1841.—In Northampton, Ms., 70: under 1 year, 15; between 1 and 5, 10; 5 and 10, 3; 10 and 20, 2; 20 and 30, 12; 30 and 40, 5; 40 and 50, 2; 50 and 60, 3; 60 and 70, 5; 70 and 80, 9; 80 and 90, 2; 90 and 100, 2. Twenty-five died with consumption.

In Amherst, Ms., number of deaths, 41: males, 19; females, 22. Under 10 years of age, 12; between 10 and 20, 4; 20 and 30, 3; 30 and 40, 4; 40 and 50, 4; 50 and 60, 2; 60 and 70, 5; 70 and 80, 6; 80 and 90, 1. Diseases—consumption, 9; fevers, 8; disease of the heart, 3; disease of the bowels, 4; dropsy, 2; paralysis, 2; apoplexy, 2; liver complaint, 1; disease of the spine, 1; fits, 2; drowned, 1; canker rash, 1; infantile, 1; accidental, 1; hooping cough, 1; croup. 1; pleurisy, 1.

In Concord, N. H., number of deaths, 71: under 1 year, 12; between 1 and 10, 18; 10 and 20, 3; 20 and 30, 6; 30 and 40, 7; 40 and 50, 4; 50 and 60, 6; 60 and 70, 4; over 70, 11—the oldest being 96. Average age of the above was 30 years; the proportion to the whole population, 1 to 70. The unusual number of deaths among children is ascribed to the scarlet fever and throat distemper. The average age of those who died over 70, is 80 years.

On the Immersion of Children apparently stillborn, in Cold Water. By Dr. Scholer, Assistant Physician of the Berlin Lying-in Institution. —Nothing more need be said of this paper (published in the Med. Zeitung) than that it contains two well-detailed cases, and alludes to several others, in which this measure was successfully adopted, after all the ordinary means had failed of reanimating the infant. The evidence adduced is certainly sufficient to warrant the adoption of the plan as a last resource after less violent measures have been tried in vain.—*Brit. Med. Review.*

Number of deaths in Boston for the week ending Jan. 8, 35.—Males, 18; Females, 17. Stillborn, 3.

Of consumption, 7—bowel complaint, 1—debility, 1—old age, 2—infantile, 2—scarlet fever, 3—canker rash, 1—intemperance, 2—inflammation of the lungs, 1—lung fever, 2—croup, 2—liver complaint, 1—dropsy, 2—throat distemper, 1—typhus fever, 1—burn, 1—fits, 1—inflammatory fever, 1—hooping cough, 1—unknown, 1.

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